



Minutes November 12, 2014

Call to Order

Brad Pickhardt called to order the regular meeting of the State Trauma Care Committee at 1200 on November 12, 2014 in Helena, MT

Members Present: Brad Pickhardt, Elaine Schuchard, Lauri Jackson, Sam Miller, Leah Emerson, Tim Sinton, Brad Von Bergan, Joy Fortin, Freddy Bartoletti and Dennis Maier via teleconference

Guests: John Bleicher, Megan Hamilton, Shari Graham, TC Coble, Jim DeTienne, Alyssa Sexton, Gail Hatch, Robin Suzor, Michael Englehart, Barry McKenzie, Randi Koehn, Eric Fisher, Harry Sibold

Absent: Becky Arbuckle, Don Whalen, Rick Haraldson, Sid Williamson and Roberta Shupe

Minutes were approved and read from the August 2014 meeting.

RTAC Reports:

- **ERTAC Report-** very good turnout on teleconferencing with case reviews and 2 facilities are signed up for the TEAM course.
- **CRTAC Report** – The meeting date was changed and will be having the meeting on November 13, 2014
- **WRTAC Report** – 4 case reviews and nurse meeting talked about facilities that had recent designation reviews and discussion about system issues. Megan Hamilton gave a presentation about ABG.

Trauma System Update – Alyssa Sexton

Trauma Facility Designation Criteria has now been adopted. Clarification about what constitutes a “rapid infuser”; can be a pressure bag or blood pressure cuff. It doesn’t have to be a commercial product such as a Level 1 or Ranger.

ACS Designation Criteria in the “Orange Book” - Resources for Optimal Care of the Injured Patient- 2014- The State needs to develop Regional Trauma Center PRQ and have in place outside of the state physician reviewers if any of the RTC’s decide to not have an ACD verification visit and just do the State Designation visit.

Issues discussed about some of the issues in the “Orange Book”, Resources for Optimal Care of the Injured Patient- 2014 are; Surgical ICU Physician needs to be boarded in Critical Care, Anesthesia needs to be in house and ED physicians cannot respond to in house codes.

Jim DeTienne states that the office will find the money to have the necessary resources available with designation visits for Regional Trauma Centers and Area Trauma Hospitals.

Brad Pickhardt who attended a College on Trauma meeting as the Montana Representative stated there is interest from Wisconsin, the Dakota’s, Montana, Wyoming and Michigan seceding from ACS reviews and sharing physician reviewers as a consortium amongst this group.

Inclusion Criteria- Trauma Registry inclusion criteria has not changed a flow sheet was developed to help some people more easily identify who qualified for the trauma registry. Both the old form and the new flow sheet are available and use what works for them.

Facility Resource Guide- Almost all facilities and air medical services have provided information. Hopefully it will get to the printer in December. This guide is being paid with by money provided by HRSA and they will be acknowledged on the introduction page.

Air Medical – The subcommittee of the Emergency Care Committee is meeting quarterly to discuss issues. Some of the issues locally are medical control for a flight service when they notify and overfly a facility to transport the patient to a better facility in dealing with the injuries and there are no issues with airway, breathing or circulation for the patient. There are still on-going communication issues between air to ground and appropriate use of channels. ECC was developing a subcommittee to work on the radio communication issues. It was suggested that each RTAC could develop destination protocols within that RTAC. NASEMSO nationally is also looking at working on the ever expanding air medical flight service issue. NASEMSO would like to work with FAA to regulate medical flight services as a medical flight and not as an air service issue. The issues to be addressed at the next subcommittee meeting of Air Medical Services are:

1. Statewide dispatch center/com center
2. State Resource center availability
3. Non-hospital based PI and loop closure education and how that is being done at those air medical services and how they are integrated in facility TC review and systems
4. Medical oversight of air medical flight services that come into Montana and transport patients here in the State or out of State and how to get information to them or back about PI issues
5. CAMTS certification

6. Educational requirements for all services
7. Communication between services when responding to the same scene and their ability to talk to each other.
8. Better education by EMSTS on training of the TAN channel and can it be tied to licensure?
9. Fire and Law enforcement training in communication via the TAN channel and communication with the facility about air medical transport of a patient(s)
10. How long air medical services spend on a hospital's landing pad?

Montana Trauma Systems Conference – September 10, 2014. 60 people attended the conference which had Deb Syverson from North Dakota talk about their Trauma System, web-based collector training and best practices from across the State.

Rocky Mountain Rural Trauma Symposium – 303 attendees. Next RMRTS 2015 will be in Billings September 25 & 26, 2015 at the Crowne Plaza Hotel.

Regional and State PI Indicators Ideas:

Use the trauma registry to pull cases that fall out of indicators

Hire a State TMD and pay him an hourly wage

Review sheet to give to facilities to fill out about their case that fell out

What are our teeth when we have facilities that are not part of trauma system and participating?

RTAC are good places to build face-to-face relationships

Would we still review interesting cases that may not have fallen out of the PI indicators?

We will trial it for February STCC meeting of cases that had no intubation or rescue airway for patients with GCS ≤ 8

Using the trauma registry to pull cases that fall out of the indicators can help the local trauma coordinators with PI issues and documentation.

NASEMSO/COT Project

10 categories that look at assessment of who is a Level II, Level III and Level IV facilities, where they are located and patient numbers

STCC committee openings

MEMSA- Montana EMS Association

ACEP- American College of Emergency Physicians

Funding for RTAC/Legislature

Jim DeTienne met with his supervisor and proposed that each RTAC receive \$10,000/yr but he has not heard that it made the agenda for the legislature for DPHHS requests

Is there any block grant funding available?

Flex grant funding available

Highway Traffic Safety

Should we ask for more money and set the bar high in requesting funds from the legislature. We should come up with a plan on the use of the money, report back, outcomes and other funding source that are available

Suggestions were also made to propose that each facility that participates in RTAC meetings would receive \$500/month for active participation

Jim will take these ideas forward

EMS update

A Survey will be coming out for all EMS and EMS Medical Directors to ask them how we at the State are working for you as well as other issues to help us with our direction

Mission Lifeline Grant is available- which is providing 12 lead EKG for all services statewide, so the service has the ability to transmit the EKG to the receiving facility to help facility care for STEMI patients Lucas Cardiac Ready Communities- funding by the Helmsley Foundation; evaluate communities in bystander CPR, AED's where they are and if registered and implementing the Lucas device which is a CPR device to be used in place of an actual person to perform cardiac compressions. We hope this will be awarded the grant and we work on implementing this project across Montana in 2015.

Shari has asked for funding for 4 PHLTS classes for 2015

EMS online is available to an agency to help with education of it's members

Education is needed in the administration of TXA for hemorrhagic control for trauma patients as well as how we can help educate the public in assisting to control hemorrhage for another person in public (i.e., tourniquet use and availability like AED's in public places)

EMS for Children

Robin talked about the Pediatric Readiness survey again and Montana had 52 out of 62 hospitals complete the survey. 59% of these facilities thought they lacked education for taking care of pediatric patients

There is an ENPC instructor training course November 15, 2014 here in Helena. Please contact Robin Suzor if interested

Emergency Pediatric Course (EPC) will replace PEPP and she will conduct courses across Montana. If your agency or facility is interested, please contact Robin Suzor.

Hospital Preparedness (HPP)

Very busy with Ebola updates and assessments for agencies and facilities. They are considering a hospital/agency checklist about what to do if you think you might be caring for a patient with EBOLA. Please contact their office if you need additional assistance or have questions.

Trauma Registry

Continued education on the web-based registry continues and facilities are using the test site for practice. The plan is to go "Live" on January 1, 2015.

Clarification about how a couple elements are defined.

All activations regardless of if they went home are counted.

Trauma consults is to be used in the ED arrival screen only if there is an evaluation by the trauma surgeon. Not the Neurosurgeon or orthopedic surgeon.

Committee Reports

PI committee:

September:

Forsyth: Trauma Receiving Facility

Columbus Trauma Receiving Facility

October:

Shelby: Trauma Receiving Facility

Choteau: Trauma Receiving Facility

Chester: Trauma Receiving Facility

Poplar: Trauma Receiving Facility

Benefis: Regional Trauma Center

November:

Roundup: Trauma Receiving Facility

The question was raised why are there so many focused reviews? Some facilities are designated provisionally, which means they have 1 year to work on weaknesses and recommendations of the review team. This happens when you have a changeover of staff and even if a facility has been previously designated, they are basically starting from the ground up again and learning what their roles and responsibilities are.

Education:

Talked about the revision of the TEAM course and completion of the Eastern Geriatric Trauma Module and upcoming education offerings. The committee will also be responsible for updating the Trauma Coordinator Course which was done in 2010.

The meeting concluded with no public comment.